LATE CONTRIBUTIONS - 24 HOUR REPORT

Name of Filing Committee or Candidate				Filer Identification Number			
			<u></u>]	DATE REC		_ _
Full Name of Contributor				Mo	DOXAVE SEE	PAR	
Mailing Address	1			Amount \$	<u> </u>		┪-
City	State	Zip Code (Plus 4)		Zanzant u			
Full Name of Contributor					DAY		
Mailing Address	<u></u>		7				┕╂┈
City	State	Zip Code (Plus 4)	"	Amount \$			1
Full Name of Contributor	-						
Mailing Address	····		_				
City	State	Zip Code (Plus 4)		Amount \$		<u>-,, -</u>	\dashv
Full Name of Contributor		-		W/O A	457/5° 27/56	NATE OF	
		· · · · · · · · · · · · · · · · · · ·					
Mailing Address		ar o t ar		Amount \$			_
City	State	Zip Code (Plus 4)		imeserations in testing the days in			rousi Robinson
Full Name of Contributor				40.00			
Mailing Address				Amount \$			
City	State	Zip Code (Plus 4)					
Full Name of Contributor				200	50. 9. 15.		
Mailing Address	<u></u>			Amount \$	<u> </u>		
City	State	Zip Code (Plus 4)		7 Kill Outer D			
Full Name of Contributor				W.C.	DAY C	1047/1148/6528	
Mailing Address				Amount \$		ļ	
City	State	Zip Code (Plus 4)	•••	Amounts			1
Full Name of Contributor					DAY	VOITE /	
Mailing Address	•			A-nount C		<u>:</u>	-
City	State	Zip Code (Plus 4)		Amount \$			
	."			I			
Name of Person Submitting Report: _			··· -	Date of R	eport:		_
Contact Phone Number:	<u> </u>						
Email Address:							